

U.S. Rep. Mac Thornberry
13th Congressional District, Texas

Name: _____

Address: _____

City, State, and Zip: _____

Phone Number: _____

Social Security

Number: _____

Agency Involved: _____

Date/Place claim was filed with agency:

Description of the type of help I am seeking:

In accordance with the provisions of the Privacy Act, I hereby authorize U.S. Rep. Mac Thornberry or a member of his staff to make the appropriate inquiry on my behalf.

Signature

Return to:
905 South Fillmore Street, Suite 520,
4245 Kemp Boulevard, Suite 315

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Wichita Falls, Texas 76308-2829

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